

TRANSMITTAL FORM

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| Application Serial Number | 10/581,500 |
| Filing Date | June 2, 2006 |
| First Named Inventor | OKADA, Masuaki |
| Group Art Unit | 1791 |
| Examiner Name | GOFF, II, John L. |
| Attorney Docket No. | YANE-0004-US1 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form </div> <input checked="" type="checkbox"/> Amendment/Response <div style="margin-left: 20px;"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] </div> <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations </div> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <div style="margin-left: 20px;"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above </div> | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction <div style="margin-left: 20px;"> <input type="checkbox"/> Certificate of Correction (in duplicate) </div> <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
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